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PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |               |                        |                     |
|--|---------------|------------------------|---------------------|
|  |               | Application Number     | 09/623,533          |
|  |               | Filing Date            | September 5, 2000   |
|  |               | First Named Inventor   | Dominique P. BRIDON |
|  |               | Group Art Unit         | 1648                |
|  |               | Examiner Name          | J. Parkin           |
| Total Number of Pages in This Submission | 6 + 5<br>refs | Attorney Docket Number | 500862001520        |

### ENCLOSURES (check all that apply)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form                                   | <input type="checkbox"/> Assignment Papers<br>(for an Application)           | <input type="checkbox"/> After Allowance Communication<br>to Group                            |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board of<br>Appeals and Interferences        |
| <input type="checkbox"/> Amendment/Reply  | <input type="checkbox"/> Licensing-related Papers                            | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Affidavits/declaration(s)                              | <input type="checkbox"/> Petition to Convert to a Provisional<br>Application | <input type="checkbox"/> Status Letter - 1 pg   |
| <input type="checkbox"/> Extension of Time Request - 1 pg                       | <input type="checkbox"/> Power of Attorney - 1 pg                            | <input checked="" type="checkbox"/> Other Enclosure(s)<br>(please identify below)             |
| <input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Terminal Disclaimer                                 |   |
| <input checked="" type="checkbox"/> Information Disclos Stmt - 3 pgs            | <input type="checkbox"/> Request for Refund                                  |   |
| <input type="checkbox"/> Certified Copy of Priority<br>Document(s)              | <input type="checkbox"/> CD, Number of CD(s)                                 |   |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application   |  |   |
| <input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 |  |   |
| Remarks   |  |   |
| Return Receipt Postcard   |  |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                               |   |                |
|-------------------------------|---|----------------|
| Firm<br>or<br>Individual Name | Michael J. Ward (38,651)<br>MORRISON & FOERSTER LLP | CUSTOMER 20872 |
| Signature                     |   |                |
| Date                          | January 10, 2005                                    |                |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as **FIRST CLASS MAIL** in an envelope addressed to: **MS: AMENDMENT**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Date: January 10, 2005 Signature: (LILIA OLSEN)

SF-1777625



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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

|                                |                           |                     |                     |
|--------------------------------|---------------------------|---------------------|---------------------|
| <b>TOTAL AMOUNT OF PAYMENT</b> | <b>(\$)</b> <b>180.00</b> | Attorney Docket No. | <b>500862001520</b> |
|--------------------------------|---------------------------|---------------------|---------------------|

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: **03-1952** Deposit Account Name: **Morrison & Foerster LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below                           | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) | <input checked="" type="checkbox"/> Credit any overpayments                       |
| under 37 CFR 1.16 and 1.17  |   |

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## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                          | SEARCH FEES |                          | EXAMINATION FEES |                          | Fees Paid (\$) |
|------------------|-------------|--------------------------|-------------|--------------------------|------------------|--------------------------|----------------|
|                  | Fee (\$)    | Small Entity<br>Fee (\$) | Fee (\$)    | Small Entity<br>Fee (\$) | Fee (\$)         | Small Entity<br>Fee (\$) |                |
| Utility          | 300         | 150                      | 500         | 250                      | 200              | 100                      | -0-            |
| Design           | 200         | 100                      | 100         | 50                       | 130              | 65                       | -0-            |
| Plant            | 200         | 100                      | 300         | 150                      | 160              | 80                       | -0-            |
| Reissue          | 300         | 150                      | 500         | 250                      | 600              | 300                      | -0-            |
| Provisional      | 200         | 100                      | 0           | 0                        | 0                | 0                        | -0-            |

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

|                     |                 |
|---------------------|-----------------|
| <u>Small Entity</u> | <u>Fee (\$)</u> |
|---------------------|-----------------|

|    |    |
|----|----|
| 50 | 25 |
|----|----|

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

|     |     |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

|     |     |
|-----|-----|
| 360 | 180 |
|-----|-----|

#### Total Claims

|                     |                 |                      |
|---------------------|-----------------|----------------------|
| <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| -20 or HP           | x               | =                    |

|                                  |                 |                      |
|----------------------------------|-----------------|----------------------|
| <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------------------|-----------------|----------------------|

HP + highest number of total claims paid for, if greater than 20

|                      |                     |                 |                      |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| -20 or HP            | x                   | =               |                      |

HP + highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or reaon thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                 |                      |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 =             | / 50 =              | (round up to a whole number) x                          | =               |                      |

### 4. OTHER FEE(S)

|   |          |
|---|----------|
| Other: Information Disclosure Statement | \$180.00 |
|---|----------|

|                                       |                    |
|---------------------------------------|--------------------|
| SUBMITTED BY: MORRISON & FOERSTER LLP | CUSTOMER NO. 20872 |
|---------------------------------------|--------------------|

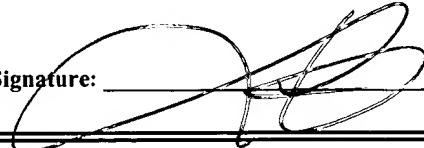
|                   |                        |                                      |        |           |                 |
|-------------------|------------------------|--------------------------------------|--------|-----------|-----------------|
| Signature         | <i>MICHAEL R. WARD</i> | Registration No.<br>(Attorney/Agent) | 38,651 | Telephone | 415/268-6237    |
| Name (Print/Type) | MICHAEL R. WARD        |                                      |        | Date      | January/0, 2005 |



PATENT  
Docket No. 500862001520

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Dated: January 10, 2005

Signature: 

(LILIA OLSEN)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Dominique. P. BRIDON et al.

Serial No.: 09/623,533

Filing Date: September 5, 2000

For: LONG LASTING FUSION PEPTIDE  
INHIBITORS OF VIRAL INFECTION

Examiner: J. Parkin

Group Art Unit: 1648

**SUPPLEMENTAL INFORMATION DISCLOSURE  
STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98**

**MAIL STOP: AMENDMENT**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicants submit for consideration in the above-identified application the document listed on the attached Form PTO-1449. A copy of the document is also submitted herewith. The Examiner is requested to make this document of record in the application.

01/18/2005 SSITMIB1 00000142 031952 09623533  
01 FC:1805 160.00 DA

sf-1848694

This Supplemental Information Disclosure Statement is submitted:

- With the application; accordingly, no fee or separate requirements are required.
- Before the mailing of a first Office Action after the filing of a Request for Continued Examination under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- Within three months of the application filing date or before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- After receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance.**
  - A fee is required. A check in the amount of \_\_ is enclosed.
  - A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.**
  - A Certification under 37 C.F.R. § 1.97(e) is provided above; accordingly; no fee is believed to be due.
- After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee.
  - A Certification under 37 C.F.R. § 1.97(e) is provided above and a check in the amount of \_\_ is enclosed.
  - A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal form (PTO/SB/17 is attached to this submission in duplicate.)

Applicants would appreciate the Examiner initialing and returning the Form PTO-1449, indicating that the information has been considered and made of record herein.

The information contained in this Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does

not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

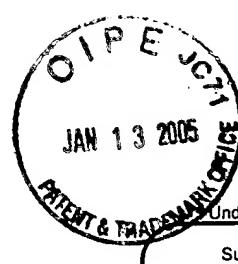
In the unlikely event that the transmittal form is separated from this document and the Patent Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petitions for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to **Deposit Account No. 03-1952** referencing **500862001520**. However, the Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Dated: January 10, 2005

Respectfully submitted,

By: Michael R. Ward  
Michael R. Ward  
Registration No.38,651

Morrison & Foerster LLP  
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San Francisco, California 94105-2482  
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**Substitute for form 1449/PTO**

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

**(Use as many sheets as necessary)**

She

of 2

Application Number: 00/000 500

|                        |                     |
|------------------------|---------------------|
| Application Number     | 09/623,533          |
| Filing Date            | September 5, 2000   |
| First Named Inventor   | Dominique P. BRIDON |
| Art Unit               | 1648                |
| Examiner Name          | J. Parkin           |
| Attorney Docket Number | 500862001520        |

## U. S. PATENT DOCUMENTS

## FOREIGN PATENT DOCUMENTS

| FOREIGN PATENT DOCUMENTS |                       |   |                                |  |   |
|--------------------------|-----------------------|---|--------------------------------|--|---|
| Examiner Initials*       | Cite No. <sup>1</sup> | Foreign Patent Document   | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines,<br>Where Relevant Passages<br>Or Relevant Figures Appear |
|                          |                       | Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known) |                                |  |   |
|                          |                       |   |                                |  |   |
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|-------------------------------|--|----------------------------|--|
| <b>Examiner<br/>Signature</b> |  | <b>Date<br/>Considered</b> |  |
|-------------------------------|--|----------------------------|--|

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**Complete if Known**

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| Substitute for form 1449/PTO                         |   |    |   |                        |              |
| <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> |   |    |   |                        |              |
| (Use as many sheets as necessary)                    |   |    |   |                        |              |
| Sheet  | 2 | of | 2 | Attorney Docket Number | 500862001520 |

**NON PATENT LITERATURE DOCUMENTS**

| Examiner Initials* | Cite No. <sup>1</sup> | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T <sup>2</sup> |
|--------------------|-----------------------|---|----------------|
|                    |                       | Christophe BOECKLER, "Immunogenicity of New Heterobifunctional Cross-Linking Reagents Used in the Conjugation...", Journal of Immunological Methods, 1996, Vol. 191, pp. 1-10.  |                |
|                    |                       | Carl WILD, "A synthetic Peptide Inhibitor of Human Immunodeficiency Virus Replication : Correlation...", Proc. Natl. Acad. Sci., November 1992, Vol. 89, pp. 10537-10541.   |                |
|                    |                       | Joseph G. SODROSKI, "HIV-1 Entry Inhibitors in the Side Pocket", Cell, October 29, 1999, Vol. 99, pp. 243-246.  |                |
|                    |                       | Aran F. LABRIJN, "Access of Antibody Molecules to the Conserved Coreceptor Binding Site on Glycoprotein gp120..." Journal of Virology, October 2003, Vol. 77, pp. 10557-10565.  |                |
|                    |                       | Nasar M. QURESHI, "Characterization of a Putative Cellular Receptor for HIV-1 Transmembrane Glycoprotein Using Synthetic Peptides" AIDS, 1990, Vol. 4, pp. 553-558.   |                |
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|--------------------|-----------------|
| Examiner Signature | Date Considered |
|--------------------|-----------------|

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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